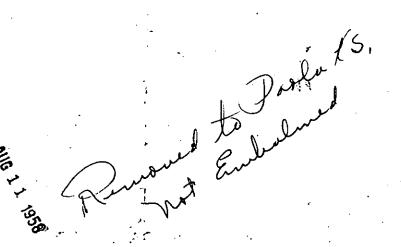
THE DIVISION OF HEALTH OF MISSOURI State File No. 47198 No. 300 FILED JAN 17 1958 STANDARD CERTIFICATE OF DEATH 10.46 PRIMARY REG. DIST. NO. / 003 Registrar's No. REG. DIST. NO. BIRTH NO. D 2 USUAL RESIDENCE (Where deceased lived. If institution; residence I. PLACE OF DEATH b. COUNTY المماعطية لاهم a. STATE a. COUNTY corporate limits, write RURAL and give township) LENGTH OF c. CITY (If outside b. CITY (If outside corpurate limits, write RURAL and give STAY (in this place) TOWN TOWN RECORD d. FULL NAME OF (If not in hoppital or institution W. STREET (If rural, give location) ADDRESS HOSPITAL OR c. (Last) 3. NAME OF DECEASED b. (Middle) 4. DATE (Month) a. (First) (Day) (Year) DEATH (Type or Print) PERMANENT B. DATE OF BIRTH 9 AGE (In years) F CHOCK | YEAR **IF INDER 11 1115** 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spedix) Months | Days Id O Wer 10b. KIND OF BUSINESS OR IN-12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Chieflad of work 11. BIRTHPLACE done during most of working life NAME OF HUSBAND OR WIFE NGB. MOTHÈR'S MAIDEN NAME 13a. FATHER'S NAME MAKE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY SIGNATURE (If yee, give war or dates of service) INTERVAL BETWEEN MEDICAL CERTIFICATION 18. CAUSE OF DEATH ONSET AND DEATH I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH*(a) Enter only one cause per line for (a), (b), and (c) ANTECEDENT CAUSES *This does not mean Morbid conditions, if any, giving DUE TO (b) - rise to the above cause (a) stating the mode of dring, such as heart failure, asthenia, the underlying cause last. etc. It means the dis-DUE TO (c) ease, injury, or complica-UNFADING tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERA-(COUNTY) 21c. (CITY, TOWN, OR TOWNSHIP) (STATE) 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (a.g., in or about (Specify) SING home, farm, factory, street, office bldg., etc.) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Hour) (Meath) (Day) (Year) INJÜRY WORK AT WORK 1. 1958, to Klee 2/, 1952, that I last saw the deceased 22. I hereby certify that I attended the deceased from 17, and that deall occurred at 2:30 A m., from the causes and on the date stated above. aline on $\sqrt{2-2/-}$ 23c. DATE SIGNED 234 SIGNATURE (Degree or title) 23b. ADDRESS 24d. LOCATION (City, town, or county) (State) Z4c. NAME OF CEMETERY OR CREMATORS ANDURHAL_CREMA-24b. DATE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side)





STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nar	ne is recorded on the	reverse side of this	certificate w	vas embair	med by me, or	r by
·		ς	Student	Embalmer		······································
working under my personal supervision.	•	•				•
Student		Signed		~, +++ + + + + + + ++++++++++++++++++++		rhaber is as ed dr st researchemen en compg.
Student Embalmer : .			Licensed Er	nbalmer 1	Yo	*
			-			
•			P. Q. Addr	ress	-	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)